

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027342

3520

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 25 1962

VS 300  
Rev. 4/59

1

20 130  
X

3

4 1

5 2

6

7 0

8 0

9 331X

10

11

12 90-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

1 Year

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 5114 Walrond

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Caldwell

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Kidder

d. STREET ADDRESS

(If outside, give location)

R. F. D.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Laura

Middle

Sorrenberger

Last

4. DATE OF DEATH

Month

Day

Year

July

5

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

11-24-1880

81 Yrs

## 9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

Davis Co. Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

O. A. Reynolds

## 13b. MOTHER'S MAIDEN NAME

Ida Vallandigham

## 14. NAME OF HUSBAND OR WIFE

Will Sorrenberger

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Lucille Cornelius 5114 Walrond

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Hypostatic Pneumonia

## INTERVAL BETWEEN ONSET AND DEATH

12 HRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

C. U. A.

3 DAYS

## DUE TO (c)

ESSENTIAL HYPERTENSION

YRS.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1960 to 4 July 62 and last saw her alive on 4 July 62

Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert M. Myers M.D.

## 22b. ADDRESS

906 Grand Ave.

## 22c. DATE SIGNED

5 July 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

7-5-62

## 23c. NAME OF CEMETERY OR CREMATORY

Kidder Cemetery,

## 23d. LOCATION (City, town, or county)

Kidder, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Stine &amp; McClure Kansas City, Missouri

## 25. DATE RECD. BY LOCAL REG.

7-5-62

## 26. REGISTRAR'S SIGNATURE

Ruth A. Lang

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

M. Meyers MEDICAL CERTIFICATION

Dr. Robert Myers  
Rt. City  
K.C. Mo.  
212-4751

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.